

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90353 029 ****50.00

DOCUMENT # L02000017719

1. Entity Name
NEW DAWN JAX, L.L.C.



Principal Place of Business

2601 S. BAYSHORE DRIVE
SUITE #200
COCONUT GROVE, FL 33133 US

Mailing Address

2601 S. BAYSHORE DRIVE
SUITE #200
COCONUT GROVE, FL 33133 US



04232007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2297962

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAPLAN, JACK
C/O NEW DAWN COMPANIES
2601 S. BAYSHORE DR., SUITE 200
COCONUT GROVE, FL 33133

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME KAPLAN, JACK
STREET ADDRESS 2601 S. BAYSHORE DR., SUITE 200
CITY - ST - ZIP COCONUT GROVE, FL 33133

TITLE MGR
NAME AVILA, EDUARDO
STREET ADDRESS 2601 S. BAYSHORE DR., SUITE 200
CITY - ST - ZIP COCONUT GROVE, FL 33133

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Jack Kaplan* MEMBER

4-23-07

305-857-0400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, BOARD MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #